

<i>SERFF Tracking Number:</i>	<i>ALSX-125879668</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pablo Creek Services, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AF-00082</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0004 Contractual Liability</i>
<i>Product Name:</i>	<i>Contractual Liability Insurance</i>		
<i>Project Name/Number:</i>	<i>Form Filing/AF-00082</i>		

Filing at a Glance

Company: Pablo Creek Services, Inc.

Product Name: Contractual Liability Insurance	SERFF Tr Num: ALSX-125879668	State: Arkansas
TOI: 17.0 Other Liability-Occ/Claims Made	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0004 Contractual Liability	Co Tr Num: AF-00082	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Edith Roberts, Brittany Yielding
	Author: SPI AllState	Disposition Date: 12/12/2008
	Date Submitted: 10/29/2008	Disposition Status: Approved
Effective Date Requested (New): 12/11/2008		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Form Filing	Status of Filing in Domicile:
Project Number: AF-00082	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/12/2008	
State Status Changed: 12/12/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Enclosed for your review and approval is the initial filing of a Dent Rescue Paintless Dent Repair Vehicle Service Agreement. This form is to be used in conjunction with Service Contract Contractual Liability Insurance Policy VSC-SCLIP-AR (05/04), which was approved by your department on May 27, 2004 and Service Contract Reimbursement Insurance Policy VSC-REIMCLIP-AR (12/04), which was approved by your department on February 22, 2005.

Effective Date:

New business: December 11, 2008

SERFF Tracking Number: ALSX-125879668 State: Arkansas
 Filing Company: Pablo Creek Services, Inc. State Tracking Number: EFT \$50
 Company Tracking Number: AF-00082
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0004 Contractual Liability
 Product Name: Contractual Liability Insurance
 Project Name/Number: Form Filing/AF-00082
 Renewals: Not applicable

Company and Contact

Filing Contact Information

Chris Ewing,
 2775 Sanders Road (847) 402-5000 [Phone]
 Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

Pablo Creek Services, Inc. CoCode: 29980 State of Domicile: Illinois
 2775 Sanders Rd. Group Code: 8 Company Type: Property and
 Casualty

Suite A5
 Northbrook, IL 60062 Group Name: Allstate State ID Number:
 (847) 402-5000 ext. [Phone] FEIN Number: 26-2506568

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pablo Creek Services, Inc.	\$50.00	10/29/2008	23557379

SERFF Tracking Number:	ALSX-125879668	State:	Arkansas
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Product Name:	Contractual Liability Insurance		
Project Name/Number:	Form Filing/AF-00082		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/12/2008	12/12/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Edith Roberts	11/24/2008	11/24/2008	SPI AllState	11/24/2008	11/24/2008
Industry						
Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Withdrawal	Note To Reviewer	SPI AllState	12/03/2008	12/03/2008

<i>SERFF Tracking Number:</i>	<i>ALSX-125879668</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pablo Creek Services, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AF-00082</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0004 Contractual Liability</i>
<i>Product Name:</i>	<i>Contractual Liability Insurance</i>		
<i>Project Name/Number:</i>	<i>Form Filing/AF-00082</i>		

Disposition

Disposition Date: 12/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSX-125879668	State:	Arkansas
Filing Company:	Pablo Creek Services, Inc.	State Tracking Number:	EFT \$50
Company Tracking Number:	AF-00082		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0004 Contractual Liability
Product Name:	Contractual Liability Insurance		
Project Name/Number:	Form Filing/AF-00082		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1, AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Supporting Document	Nov 24 Objection Response	Approved	Yes
Form	Dent Rescue Paintless Dent Repair Service Agreement	Approved	Yes

SERFF Tracking Number: ALSX-125879668 State: Arkansas
Filing Company: Pablo Creek Services, Inc. State Tracking Number: EFT \$50
Company Tracking Number: AF-00082
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0004 Contractual Liability
Product Name: Contractual Liability Insurance
Project Name/Number: Form Filing/AF-00082

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/24/2008
Submitted Date 11/24/2008

Respond By Date

Dear Chris Ewing,

This will acknowledge receipt of the captioned filing.

Please provide the name of the underwriting insurance company, rather than Pablo Creek. I will then be able to process. Thanks.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/24/2008
Submitted Date 11/24/2008

Dear Edith Roberts,

Comments:

In response to the November 24 objection

Response 1

Comments: Please review the attached material.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Nov 24 Objection Response

Comment:

No Form Schedule items changed.

<i>SERFF Tracking Number:</i>	<i>ALSX-125879668</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pablo Creek Services, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AF-00082</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0004 Contractual Liability</i>
<i>Product Name:</i>	<i>Contractual Liability Insurance</i>		
<i>Project Name/Number:</i>	<i>Form Filing/AF-00082</i>		

No Rate/Rule Schedule items changed.

Please contact Chris Ewing at 847-402-7309 or chris.ewing@allstate.com if you have further questions or need additional information.

Sincerely,
SPI AllState

SERFF Tracking Number: *ALSX-125879668* *State:* *Arkansas*
Filing Company: *Pablo Creek Services, Inc.* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AF-00082*
TOI: *17.0 Other Liability-Occ/Claims Made* *Sub-TOI:* *17.0004 Contractual Liability*
Product Name: *Contractual Liability Insurance*
Project Name/Number: *Form Filing/AF-00082*

Note To Reviewer

Created By:

SPI AllState on 12/03/2008 03:22 PM

Subject:

Filing Withdrawal

Comments:

We are formally withdrawing this filing since a duplicate filing, ALSX-125880902, was approved 11-19-2008. The duplicate filing was created to indicate the correct company, American Heritage Insurance Services, which is officially recognized by the great State of Arkansas. I apologize for any inconvenience.

Sincerely,
Chris Ewing

SERFF Tracking Number:	ALSX-125879668	State:	Arkansas
Filing Company:	Pablo Creek Services, Inc.	State Tracking Number:	EFT \$50
Company Tracking Number:	AF-00082		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0004 Contractual Liability
Product Name:	Contractual Liability Insurance		
Project Name/Number:	Form Filing/AF-00082		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Dent Rescue Paintless Dent Repair Service Agreement	FP799	10/08	Policy/CoveNew rage Form		0.00	FP799.PDF

SERVICE AGREEMENT

CUSTOMER INFORMATION EFFECTIVE DATE: _____ Agreement Number: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

VEHICLE INFORMATION AGREEMENT TERM MONTHS: _____

Make: _____ Model: _____ Year: _____ Odometer Reading: _____

New/Used: _____ VIN: _____

DEALER INFORMATION

Name: _____ Dealer Code: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

LIENHOLDER INFORMATION

Name: _____ Address: _____

PAYMENT METHOD: ☐ Cash ☐ Financed (if financed, provide Lienholder information above)

PURCHASE PRICE: _____ SALE TYPE: Check only one ☐ Retail Vehicle Delivery Sale ☐ Post Retail Vehicle Delivery Sale

CUSTOMER SIGNATURE	DATE	DEALER SIGNATURE	DATE
_____	_____	_____	_____

This Service Agreement is provided to You by the dealership listed above. The services are a product of and administered by ERJ Insurance Group, Inc. d.b.a. American Heritage Insurance Services (AHIS). BY YOUR SIGNATURE ABOVE, YOU ACKNOWLEDGE AND AGREE THAT YOUR ACCEPTANCE OF THIS SERVICE AGREEMENT IS VOLUNTARY AND IS NOT REQUIRED IN ORDER FOR YOU TO OBTAIN CREDIT AND HAS NO EFFECT ON ANY TERMS OF THE RELATED SALE OF THIS VEHICLE. You also acknowledge that You have read and understand this Service Agreement and its provisions. You understand that no person has authority to modify this Agreement, or to bind Us in any way by making any promise or representation that is not set out in writing in this Agreement. You should carefully read the front and back of this Service Agreement for additional information on benefits, services, eligibility, requirements, conditions and exclusions that could prevent you from receiving benefits under this Service Agreement.

"See the "STATE AMENDMENTS" on the last page of this Agreement for individual state exceptions to this Agreement's terms and conditions."

DEFINITIONS

1. Service Agreement or Agreement means this Dent Rescue Paintless Dent Repair Service Agreement.
2. Paintless Dent Repair or PDR means the process used to remove small dings and minor dents from the painted sheet metal surface of Your vehicle without harming the vehicle's factory finish, subject to the limitations and exclusions set forth in this Agreement.
3. We, Us and Our means American Heritage Insurance Services ("AHIS"), the party obligated to You under the terms of this Agreement.
4. Dent Zone means Dent Zone Companies, Inc., a PDR provider, with whom AHIS has contracted to provide the technicians to perform qualifying PDR services under this Agreement.
5. You, Your means the Customer listed on this Agreement who purchased the PDR Service Agreement.
6. Selling Dealer means the Dealership listed above, who is authorized by Us to offer You this Agreement.

WHAT IS COVERED This Agreement covers PDR repairs of minor dents and dings less than four inches (4") to exterior painted sheet metal body panels (ie, doors, quarter panels, hood, etc.) on the vehicle identified on this Agreement subject to the conditions, exclusions and limitations contained herein. Provision of service under this Agreement will not be provided on a particular dent or ding in the event the certified technician determines that the damage cannot be repaired using the PDR process.

LIMIT OF COVERAGE AND LIABILITY There is no limit to the number of eligible repairs completed under the terms of this Agreement, as long as conditions of this Agreement are met and damage can be repaired through the PDR process. The performance of work for prescribed repair as stated under "WHAT IS COVERED" is the only remedy available under this Agreement.

LIMITATION OF LIABILITY THERE IS NO LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL LOSS OR DAMAGE UNDER THIS AGREEMENT INCLUDING, BUT NOT LIMITED TO, LIABILITY FOR INJURY, LOSS OF LIFE, PROPERTY DAMAGE, LOSS OF USE, LOSS OF TIME, INCONVENIENCE OR COMMERCIAL LOSS, OR BREACH OF IMPLIED OR EXPRESSED WARRANTIES. ANY AND ALL SUCH LIABILITY IS EXPRESSLY EXCLUDED.

VEHICLE ELIGIBILITY All provisions of this Agreement are subject to change as required by law. This Agreement may cover a new or used vehicle. The vehicle must not be a model year more than ten (10) years old or have odometer mileage exceeding 80,000 miles at the time of purchase of this Agreement and must be free of any pre-existing damage prior to retail delivery of vehicle to the Customer.

AGREEMENT TERM The Term of this Agreement is calculated from the EFFECTIVE DATE of purchase, and is based upon the Term You selected, which is represented on the front of this Agreement. If the Term is not marked on the front of this Agreement, the AGREEMENT TERM will be 36 Months.

HOW TO OBTAIN SERVICE To arrange for service under this Agreement, You must first call 866-610-9321 to obtain prior authorization. Once authorization is granted, You will be contacted by a Dent Zone certified technician. YOU MAY NOT SEEK SERVICE FROM ANY OTHER VENDOR, OR RECEIVE ANY PROVISION OF SERVICE UNDER THIS AGREEMENT, WITHOUT PRIOR APPROVAL OF DENT ZONE. You will be asked to take Your vehicle to the Selling Dealer's location or a participating dealer to obtain service.

WHAT THIS AGREEMENT DOES NOT COVER

1. Environmental damage including rust, corrosion, hail or damage from chemicals.
2. Any collision damage.
3. Dents on roof panels equipped with a sunroof or moon roof, any damage to bumpers.
4. Chrome or unpainted portions of Your vehicle or other non-metal exterior sections of the vehicle body or attached to the vehicle body.
5. Any damage to the undercarriage of the vehicle.
6. Chips, cracks or other damage to the paint.
7. Dents, dings or creases that will damage the body or paint finish if the PDR process is utilized.
8. Any damage not capable of being completely repaired by the PDR process.
9. Dents that must be repaired using putty, sanding, bonding, primer, or paint.
10. Damage where access is restricted due to manufacturer-installed bracing, double metal panels, aftermarket installations or other access limitations.
11. Vehicle model year older than 10 years at time of purchase of this Agreement; any vehicle used for commercial purposes; any vehicle with Gross vehicle weight rating over 12,500 lbs; any vehicle that has been previously declared a constructive total loss by a primary insurance provider or has been issued, or should have been issued, a salvage title.
12. Pre-existing damage on the vehicle prior to retail vehicle delivery to You.
13. Repair requests after termination of this Agreement regardless of the date upon which damage occurred.

CANCELLATION This Agreement is cancelable by You at any time. Provided there are no service repairs made, You may cancel this Agreement within sixty (60) days of the original Agreement EFFECTIVE DATE for a full refund of the PURCHASE PRICE paid. If service repairs have been made, or You cancel after sixty (60) days of the original Agreement EFFECTIVE DATE, You will receive a pro-rata refund of the PURCHASE PRICE paid, less a \$50 cancellation fee where permitted by law. Should the cancellation fee exceed the refund amount, no refund is due to You. You may cancel by notifying the Dealer in writing, providing a copy of this Agreement. Any refund will be calculated based on the date the Dealer receives the cancellation request from You. If the Dealer has notice of a lienholder/lessor and a Discharge of Lien is not provided, any refund will be issued to the lienholder/lessor. The lienholder/lessor, if any, will be named on a cancellation refund check as its interest may appear. If cancelled, the Agreement may not be reinstated. The lienholder/lessor shall have no rights under this Agreement except that a lienholder/lessor may cancel this Agreement and receive a pro-rated refund, provided the request is made in writing, and the lienholder/lessor has succeeded to Your interests by reason of repossession or a total loss occurred.

TRANSFER OF COVERAGE In the event You sell the covered vehicle, this Agreement may be transferred to the new owner, provided the Agreement has not been cancelled or previously transferred. Within ninety (90) days of the change in ownership, submit the following in writing along with the Transfer Fee of \$50.00 to AHIS: a copy of this Agreement, Agreement number, vehicle identification number, make and model of the vehicle, date of sale of the vehicle, and the name and address of both You and the new owner of the transferred vehicle. This Agreement may not be assigned separately from the covered vehicle, nor can it be assigned to a new or used car dealer or anyone other than an individual purchasing the vehicle for personal use. If the remaining Agreement term is not properly and timely transferred, within 90 days of the change in ownership, this Agreement will no longer be in force and should be cancelled by the original owner(s).

THIS AGREEMENT IS NOT AN INSURANCE POLICY. IT IS AN AGREEMENT BETWEEN YOU AND AHIS. ALL OBLIGATIONS AND LIABILITIES FOR REPAIRS PROVIDED BY THIS AGREEMENT ARE THOSE OF AHIS.

DISPUTE RESOLUTION THIS CONTRACT IS SUBJECT TO BINDING ARBITRATION.- It is understood and agreed that the transaction evidenced by this Agreement takes place in and substantially affects interstate commerce. Any controversy or dispute arising out of or relating in any way to this Agreement or the sale of this Agreement, including for recovery of any claim under this Agreement including the applicability of this arbitration clause and the validity of this Agreement shall be resolved by neutral binding arbitration on an individual basis without resort to any form of class action or any other collective or representative proceeding by the American Arbitration Association (AAA), under the Commercial Arbitration Rules in effect at the time the claim is filed. All preliminary issues of arbitration will be decided by the arbitrator.

The arbitration shall take place in the county of residence of the customer/ unless another location is mutually agreed upon by the parties. The arbitration shall take place before a single arbitrator selected in accordance with the AAA Commercial Arbitration Rules. AAA rules and forms may be obtained and all claims shall be filed at www.adr.org or at any AAA office.

The cost of the arbitration shall be borne by Us except that each party must bear the cost of filing and the cost of its own attorneys, experts and witness fees and expenses. You may seek a waiver of the filing fee under the applicable AAA rules. If the arbitrator holds that a party has raised a dispute without substantial justification, the arbitrator shall have the authority to order that the cost of the arbitration proceedings be borne by the other party.

It is understood and agreed that (i) the arbitration shall be binding upon the parties, (ii) the parties are waiving their right to seek remedies in court, including the right to a jury trial. You will not be able to participate as a representative or member of any class of claimants. An arbitration award may not be set aside in later litigation except upon the limited circumstances set forth in the Federal Arbitration Act. An award in arbitration will be enforceable under the Federal Arbitration Act by any court having jurisdiction.

All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceedings.

If any portion of this arbitration provision is deemed invalid or unenforceable, the remaining portions of this arbitration provision shall nevertheless remain valid and in force. In the event of a conflict or inconsistency between this arbitration provision and the other provisions of this Agreement or any prior agreement, this arbitration provision shall govern.

Our obligations under this Service Agreement are insured by First Colonial Insurance Company or Northbrook Indemnity Company. If a covered repair is not made within sixty (60) days after a request for service, You may directly contact First Colonial Insurance Company or Northbrook Indemnity Company at 1776 American Heritage Life Drive, Jacksonville, Florida, 32224, (800) 621-4871.

NO SERVICE WILL BE PROVIDED WITHOUT PRIOR AUTHORIZATION
FOR AUTHORIZATION CALL 1-866-610-9321

ADMINISTRATOR
American Heritage Insurance Services
PO Box 260098 Miami, FL 33126
Phone: (305) 267-4344 Toll Free: (800) 741-4216 Fax: (972) 510-1640

STATE AMENDMENTS

The following State Amendments and/or Disclosures apply if this Agreement was purchased in one of the following states:

ALABAMA A twenty five dollar (\$25) cancellation fee is applicable. The Cancellation section is amended to add the following: If You are the original Agreement holder and You cancel this Agreement within sixty (60) days of the original Agreement effective date, a ten percent (10%) penalty per month shall be added to a refund that is not made within forty-five (45) days of return of this Agreement to Us.

ARIZONA Dispute Resolution is amended to add: Nothing in this section prevents, limits or waives the rights of the Agreement holder to file a complaint against Us, American Heritage Insurance Services, or seek remedy available thereto, with the Arizona Department of Insurance. Exclusions 12 and 13 of "What This Agreement Does Not Cover" do not apply in the state of Arizona. If a covered repair is not made within thirty (30) days after a request for service, You may directly contact First Colonial Insurance Company at 1776 American Heritage Life Drive, Jacksonville, Florida 32224.

The Cancellation section is amended as follows: A twenty five dollar (\$25) cancellation fee is applicable.

We may not cancel or void this Service Agreement due to (1) Our acts or omissions in failing to provide correct information or to perform services or repairs in a timely, competent, and workmanlike manner, (2) pre-existing conditions, (3) prior use or unlawful acts relating to the covered Vehicle, (4) Our misrepresentation, and (5) ineligibility of the Vehicle for coverage under the program.

ARKANSAS Dispute Resolution does not apply in the state of Arkansas.

COLORADO Our obligations under this Service Agreement are guaranteed by a reimbursement insurance policy, issued by First Colonial Insurance Company, Policy Number: **AHIS04FL**

CONNECTICUT Unresolved complaints may be addressed to the State of Connecticut, Insurance Department P.O. Box 816, Hartford, CT 06142-0816, Attention: Consumer Affairs.

HAWAII The Cancellation section is amended as follows: If We cancel this Agreement, notice of such cancellation will be delivered to You by registered mail five (5) days prior to cancellation. The notice of cancellation will state the reason for cancellation and will include any reimbursement required. The cancellation will be effective as of the date of termination as stated in the notice of cancellation. If cancellation is due to nonpayment of the Agreement price, material misrepresentation, or a substantial breach of duties under the Agreement, such notice will not be required. A ten percent (10%) penalty per month shall be added to a refund that is not made within forty five (45) days of return of this Agreement to Us.

ILLINOIS The Cancellation section is amended as follows: If the Agreement holder elects cancellation, the Administrator may retain a cancellation fee not to exceed the lesser of ten percent (10%) of the Agreement price or fifty dollars (\$50).

INDIANA Your proof of payment to the issuing dealer for this Agreement shall be considered proof of payment to First Colonial Insurance Company, which guarantees Our obligations to You, providing such insurance was in effect at the time You purchased this Agreement.

IOWA Iowa residents only may also contact the Iowa Insurance Commissioner at the following address: Iowa Insurance Department, 6th floor, Lucas State Office Building, Des Moines, Iowa 50319.

The Cancellation section is amended to add the following: If You are the original Agreement holder and You cancel this Agreement within sixty (60) days of the original Agreement effective date, a ten percent (10%) penalty per month shall be added to a refund that is not made within thirty (30) days of return of this Agreement to Us.

KENTUCKY Transfer fee is not applicable. Cancellation fee is not applicable.

MINNESOTA The Cancellation Section is amended to add the following: A ten percent (10%) penalty per month must be added to a refund that is not paid or credited within forty five (45) days after return of the Service Agreement to the provider.

MISSOURI The Cancellation section is amended to add the following: If We cancel the Agreement, notice of such cancellation will be delivered to You by registered mail fifteen (15) days prior to cancellation. The applicable free-look time periods on Service Agreements shall only apply to the original Service Agreement purchaser. A ten percent (10%) penalty per month shall be added to a refund that is not made within thirty (30) days of return of this Agreement to Us.

WISCONSIN THIS AGREEMENT IS SUBJECT TO LIMITED REGULATION BY THE OFFICE OF THE COMMISSIONER OF INSURANCE. THE DISPUTE RESOLUTION SECTION DOES NOT APPLY.

<i>SERFF Tracking Number:</i>	<i>ALSX-125879668</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pablo Creek Services, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AF-00082</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0004 Contractual Liability</i>
<i>Product Name:</i>	<i>Contractual Liability Insurance</i>		
<i>Project Name/Number:</i>	<i>Form Filing/AF-00082</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSX-125879668	State:	Arkansas
Filing Company:	Pablo Creek Services, Inc.	State Tracking Number:	EFT \$50
Company Tracking Number:	AF-00082		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0004 Contractual Liability
Product Name:	Contractual Liability Insurance		
Project Name/Number:	Form Filing/AF-00082		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	12/12/2008
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Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name:	AR - FORM FILING ABSTRACT F-1, AR - NAIC FORM FILING SCHEDULE	Review Status:	Approved	12/12/2008
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Comments:

Attachments:

AR - FORM FILING ABSTRACT F-1.PDF

AR - NAIC FORM FILING SCHEDULE.PDF

Satisfied -Name:	Nov 24 Objection Response	Review Status:	Approved	12/12/2008
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Comments:

Attachment:

Nov 24 Objection Response.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 45%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #
	Allstate	008

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Pablo Creek Services, Inc.	IL	29980	26-2506568	

5. Company Tracking Number	AF-00082
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Chris Ewing 2775 Sanders Road, Suite A5 Northbrook IL 60062		800-366-2958 Ext. 27309	847-402-9757	

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Chris Ewing

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Contractual Liability Insurance
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 12/11/2008 Renewal: Not applicable
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	Not applicable
17.	Reference Organization # & Title	Not applicable
18.	Company's Date of Filing	10-29-2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	AF-00082
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Enclosed for your review and approval is the initial filing of a Dent Rescue Paintless Dent Repair Vehicle Service Agreement. This form is to be used in conjunction with Service Contract Contractual Liability Insurance Policy VSC-SCLIP-AR (05/04), which was approved by your department on May 27, 2004 and Service Contract Reimbursement Insurance Policy VSC-REIMCLIP-AR (12/04), which was approved by your department on February 22, 2005.

Effective Date:

New business: December 11, 2008

Renewals: Not applicable

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div>Check #:</div> <div>Amount:</div> <div>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ARKANSAS INSURANCE DEPARTMENT

Form F-1
Rev. 4/96

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 10-29-2008
2. Company Name(s) Pablo Creek Services, Inc.
Group Name Allstate NAIC No. 29980 Group No. 008
3. (a) Annual Statement Line of Business Number (Page 14) Contractual Liability Insurance
(b) Class of Business _____
© Coverages Affected _____
4. (a) Name of Advisory Organization, if any Not applicable
(b) Affiliations with Advisory Organization: Member (☐) Subscriber (☐)
5. Is this a reference filing? Yes (☐) No (☒) If yes, please provide the following:
(a) Name of Advisory Organization (or Affiliated Company) _____
(b) Date of Filing _____
© Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
Pending approval
8. Is the form filed in response to or due to legislation? If so, specify legislation.
No
9. Is the form in response to or due to recent court decisions? If so, give citation.
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Chris Ewing

Title

847-402-5000

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	December 11, 2008	FP799 10/08	Dent Rescue Paintless Dent Repair Service Agreement

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AF-00082
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Dent Rescue Paintless Dent Repair Service Agreement	FP799 10/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



November 24, 2008

First Colonial Insurance Company

Our File Number: AR FCIC CLI AF-00082: First Colonial Insurance Company

Response to 11/24/08 Objection

Objection 1:

Schedule Items: Please provide the name of the underwriting insurance company, rather than Pablo Creek.

The underwriting insurance company is First Colonial Insurance Company.